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THIS IS NOT B. F. SKINNER'S BEHAVIOR ANALYSIS: A REVIEW OF HAYES, STROSAHL, AND WILSON'S ACCEPTANCE AND COMMITMENT THERAPY

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Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999) is an important addition to and extension of the growing field of clinical behavior analysis. The book provides a comprehensive introduction to a new therapy that is rooted in functional contextualistic philosophy and a "post-Skinnerian" behavior-analytic theory of verbal behavior. It begins with the assertion that language or verbal processes are at the heart of psychopathology and human suffering and goes on to describe a therapeutic approach that seeks to undermine these verbal processes and facilitate clients' active commitment to value-driven behavior change. Along the way, the book provides a compelling behavior-analytic account of a number of important but neglected issues in behavior analysis, including human suffering, the nature and function of private events, the self, suicide, anxiety, depression, values, responsibility, and commitment. In so doing, the book cogently challenges the unfortunately common but erroneous assertion that behaviorism does not and perhaps cannot address the complexity of the human condition. The present review provides a general overview of the book, summarizes its chapters, and raises a number of questions that might be addressed in future research.

DESCRIPTORS: acceptance, commitment, clinical behavior analysis, private events, behavior therapy, choice, change, responsibility, language, relational frame theory

Behavior analysts who work with verbally competent clients in typical outpatient clinic settings have been a bit frustrated over the years. This is because there has not been a literature specifically relevant to their professional issues and concerns. The applied behavior analysis literature has been primarily focused on contingency management procedures with verbally limited clients or those in residential settings in which there is considerable control over important reinforcement contingencies. The behavior therapy literature has not only become increasingly cognitive in recent years, it has always been characterized by philosophical assumptions, theories, methods, and objectives that make behavioral clinicians of a Skinnerian stripe feel like meat lovers at a vegetarian buffet.

One solution to this problem is to develop verbally based therapeutic approaches that are consistent with the basic tenets and principles of behavior analysis. This is precisely what R. J. Kohlenberg and Tsai (1991) did in developing their functional analytic psychotherapy, and it is also what Hayes, Strosahl, and Wilson (1999) have done in their book, *Acceptance and Commitment Therapy* (ACT). But, dear reader, be warned: This is not your Uncle Fred's behavior analysis. In fact, in many ways it is quite different and may even strike some as wrongheaded if not downright blasphemous. Instead of the familiar litany of behavior analytic-terms and concepts, this book is replete with terms and themes that are more commonly associated with such philosophical and therapeutic traditions as existentialism, humanism, Zen Buddhism, Gestalt, and other experiential-based therapies. This is partly because the book was written for a general clinical audience rather than behavior analysts specifically, and the issues addressed are particularly relevant to clinical

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy.* New York: Guilford.

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contexts. What makes ACT essentially behavior analytic, however, is its philosophical and theoretical underpinnings. Specifically, it is rooted in functional contextualistic philosophy and a theory of verbal behavior that, although decidedly post-Skinnerian, is based upon principles derived from recent laboratory research on rule governance, stimulus equivalence, and derived relational responding.

No doubt, this book will leave some behaviorists scratching their heads in puzzlement, others shaking their heads in dismay, and still others nodding their heads in enthusiastic agreement. Nevertheless, this book should be read, not just by clinicians, but by anyone wanting a glimpse of the range of topics that behavior analysis can but rarely does address. These include the nature and ubiquity of human suffering, the nature and functions of private experience, the self, language, suicide, anxiety, depression, values, judgments, choice, responsibility, willingness, the inherent difficulties in human relationships, struggle, acceptance, and commitment. These are topics that reflective folks find interesting and that preoccupy the thinking of mainstream psychologists, philosophers, poets, and parents. Although these are not topics that one typically encounters in the *Journal of Applied Behavior Analysis, Journal of the Experimental Analysis of Behavior,* or even *The Behavior Analyst,* they must be addressed eventually by any science of human behavior that considers itself adequate or complete. Rather than ignore or dance around these issues, this book embraces them and provides a compelling account that is absolutely consistent with the tenets and principles of behavior analysis. In so doing, the book provides a strong challenge to the erroneous but unfortunately common view that behavior analysis is anachronistic, simplistic, and even irrelevant. For that reason alone, this book does the field of behavior analysis a real service. Readers may disagree with the authors' position on some of these issues and still admire their efforts and intentions.

Overview and Chapter Summary

The book consists of 11 chapters divided into three parts. Part 1, entitled "The Problem and the Approach," consists of three chapters. Chapter 1 argues the case that suffering is a basic condition of human life. Chapter 2 describes the philosophy and theory of language that underlie ACT, and chapter 3 uses that theory to provide an account of psychopathology and human suffering. Part 2, "Clinical Methods," consists of six chapters that describe ACT's essential concepts, objectives, strategies, and techniques. These are presented in a clinically sensible sequence that corresponds to the order in which the relevant phases of ACT usually, though not invariably, occur over the course of therapy. Many of the chapters start with a wise quote or aphorism that is intended to illustrate their essential point. Each of the clinical chapters contains tables outlining the overall goals, strategies, and interventions relevant to the specific phases of ACT. Each also contains a number of actual therapy transcripts, examples of ACT exercises and metaphors (ACT relies heavily on metaphors), and suggested homework assignments. In addition, at the end of each of the clinical chapters, there is a short set of exercises intended to get clinicians more personally involved with the material than they would by simply reading it. Finally, each of the clinical chapters includes a clinical vignette, a short set of questions, and answers that are intended to illustrate further the various phases of ACT. Part 3, "Using ACT," consists of only two chapters. The first describes ACT's approach to the therapeutic relationship. The final chapter of the book, entitled "ACT in Context," returns to the general theme of language as the cause of human suffering and the possible roles

that ACT and similar perspectives on human language might play, at both the individual and cultural levels, in the alleviation of that suffering.

The three chapters of Part 1 contain the intellectual heart of the book. Because they are likely to be the most interesting to the broader audience of behavior analysts, the bulk of this overview and summary is devoted to them. Less emphasis is given to the chapters on specific clinical methods in Part 2 and the relatively short chapters in Part 3.

At its core, this book is about language and its role in the etiology, maintenance, and treatment of human suffering and psychopathology. In chapter 1, and repeatedly throughout the book, the authors present the case that human suffering is the rule, not the exception, and that the ubiquity of human suffering is the result of language or verbal processes. Citing statistics pertaining to the prevalence of psychological disorders in the general population, the book argues that the prevailing assumption in the mental health community (i.e., that humans are essentially healthy until afflicted with some kind of physical or mental disease) is untenable. Instead, ACT is based on the assumption of "destructive normality." This is the assumption that normal human psychological processes produce psychological distress or exacerbate the effects of underlying pathological processes, as in the case of schizophrenia or bipolar disorder. Of course, the idea that clinical disorders result from normal psychological processes is not novel in itself. Indeed, it is one of the core assumptions of both cognitive and behavior therapy. What distinguishes the current assumption of destructive normality, however, is its assertion that suffering is actually typical of the human condition (abnormal is actually normal), and that a uniquely human ability, language, is responsible. To support their position, the authors point out that suicide among nonhumans is virtually nonexistent, whereas roughly half the human population reports at least moderate levels of suicidal tendency at some point during their lives.

Although the current assumption of destructive normality is contrary to mainstream thinking in the mental health community (but see Watts' *Psychotherapy East and West,* 1961, or Epstein's *Thoughts Without a Thinker,* 1995, for related discussions from very different perspectives), it is not uncommon in other domains. For instance, many western and eastern religious traditions have embraced similar notions and have developed practices (e.g., repeated chanting of mantras or prayers, silent contemplation) that are intended to reduce the domination of language over experience. The authors point to the story of *Genesis* as a metaphor for how knowledge, qua language, is responsible for human suffering, and they use this metaphor repeatedly throughout the book to illustrate this essential point. The authors acknowledge the powerful adaptive advantage of language and the extraordinary things that humans have accomplished as a direct result of our verbal abilities. They simply ask that we acknowledge that there is also a dark side to the force.

Chapter 2 begins with the authors arguing (convincingly, in my view) for the general importance of philosophy and theory in clinical science and why it is insufficient to stay at the level of technique. In that context, they go on to argue that ACT is more than a technology, and the failure to see it within its philosophical and theoretical context simply misses its essential points. ACT is a pragmatic, functional approach to therapy rather than a collection of topographically defined techniques, and it continually evolves as new techniques are added and existing ones are modified to fit the needs of individual clients and therapists. The authors insist that the only way for the approach to maintain its integrity and coher-

ence is for it to be embedded in a philosophical and theoretical context.

The philosophical perspective within which ACT is situated is pragmatism or, as the authors prefer, functional contextualism (see Hayes, 1993, for a more complete discussion of types of contextualism). This is an issue with which behavior analysts might take exception, but the important point here is that it is the adherence to functional contextualism and emphasis on successful working or effective action (referred to as its "truth criterion") that gives ACT its coherence and direction. Ultimately, successful working is ACT's primary objective, and every intervention by the therapist and every act of the client are evaluated with respect to that goal. But successful working itself can only be evaluated with respect to specific goals, and it is for this reason that values clarification and goal setting play critical roles in ACT. Again, the setting of goals is certainly not a novel concept in therapy, but it is the type of goals that ACT pursues that sets it apart from other approaches. More will be said later on this topic.

Contextualism is more than its truth criterion; it is more generally an epistemology. Its essential premise is that events can be usefully understood only in relation to their contexts. Again, this is nothing new to behavior analysis, where the three-term contingency serves as the basic unit of analysis. Each term of the contingency is defined in relation to every other term, and in the absence of these relations, the terms are functionally meaningless. Context, of course, can literally refer to an infinite set of events, but the pragmatic nature of functional contextualism limits that set to those events that contribute to the goals of the investigator or, in this case, therapist and client. When the phenomenon of interest is behavior, and the goal of the analysis is effective change in behavior, then the set of relevant contextual events is limited to those events that are functionally related to behavior and whose manipulation can actually produce behavior change. This is why behavior analysts typically restrict their explanations to accessible and manipulable events that are external to the behavior to be explained. It is also why they reject explanations of behavior that appeal to other behaviors. Thus, the statement "I didn't go because I was depressed" is untenable from a functional contextualistic perspective. It fails to specify the functional determinants of the depression, the act of not going, and the relation between being depressed and not going. For that reason, such statements provide no avenue for effective action.

A cornerstone of ACT is that it insists that private events, like the thoughts and feelings that characterize depression, are acts in themselves and, therefore, not causes of behavior. Accordingly, there is no need to change their form or content. What it does seek to do, however, and this is where it departs from behavior therapy, cognitive therapy, and virtually every other form of mainstream therapy, is attempt to alter the function of private events by altering the context within which they occur. That is, clients are helped to see private events as what they are, behaviors, rather than what they appear to be, causes. A simple example consists of getting clients to substitute the word *and* for *because* in the statement above. Thus, "I didn't go *because* I was depressed" becomes "I didn't go *and* I was depressed." The relation between depression and not going is therefore made clear, and the causal properties of depression evaporate, as does the need to eliminate depression before the client can begin to change.

The rest of chapter 2 is devoted to a description of ACT's theoretical base. In line with the authors' assertion that language is the basis of human suffering, they outline a theory of language and rule governance that is intended to provide the groundwork for

the ACT model of psychopathology and a rationale for ACT's therapeutic techniques and objectives. As many readers may be aware, one of the authors, Steve Hayes, has developed a theory of verbal behavior called relational frame theory (RFT). This may be the most controversial aspect of the book for some readers, because it asserts that Skinner's account of verbal behavior is inadequate. In particular, Hayes and colleagues contend that Skinner's treatment of verbal behavior misses the essential symbolic nature of language and fails to acknowledge the behavior of the listener as a verbal event (for more complete discussions of these issues, see Hayes & Hayes, 1989, 1992; Hayes, Barnes-Holmes, & Roche, 2001).

The symbolic nature of verbal stimuli refers primarily to their ability to "stand for" or share many of the functions of their referents. As an example, and with apologies up front, observe your own reactions to the statement, "Imagine drinking a glass of spit." The facial grimaces and feelings of revulsion or disgust that may have been elicited by that collection of verbal stimuli illustrate what is meant by verbal stimuli sharing a function with their referents. Moreover, and perhaps more interesting, the symbolic nature of verbal stimuli is typically not directly acquired or trained. Few people, for example, have been directly conditioned to respond to the word *spit* with revulsion or disgust. Rather, its functions are acquired indirectly via its verbal relationship with its referent. A good deal of research has been directed at explaining this phenomenon, much of it under the general heading of stimulus equivalence. However, the authors contend that RFT is a more compelling and complete account of verbal behavior than is stimulus equivalence, and they devote a few pages to describing the elements of the theory and some relevant research. The theory itself is complex, but with some effort, those unfamiliar with it can glean enough of it to understand the theoretical rationale for ACT. However, readers interested in understanding the details, scope, and implications of RFT would be better served by the recently published book, *Relational Frame Theory: A Post-Skinnerian Account of Human Language and Cognition,* by Hayes et al. (2001).

A description and discussion of RFT and relational frames are beyond the scope of this review, but some understanding of RFT is necessary in order to understand what follows. For that reason, a brief and admittedly incomplete summary is offered. The authors define a relational frame as "a particular pattern of contextually controlled and arbitrarily applicable relational responding involving mutual entailment, combinatorial entailment, and the transformation of stimulus functions" (p. 41). They go on to define a verbal event as "one that has its psychological functions because it participates in a relational frame" (p. 42). For present purposes it may be sufficient to understand that verbal stimuli participate in bidirectional relations with their referents, and when the functions or behavioral effects of one member of that bidirectional relation are changed, there is a related change in the functions of the other member. To illustrate, consider the word *snake.* It exists in a bidirectional relation with snakes to the extent that hearing the word *snake* has many of the same functions as seeing a snake, and seeing a snake typically evokes the covert or overt response, "snake." As a verbal event, "snake" participates in a network of verbal relations with other verbal events. In this case, the verbal network might include such verbal responses as "dangerous," "poisonous," "slimy," "beautiful," or "tastes like chicken." Moreover, the particular part of the network that is activated at any one time is likely to be under contextual control, so that hearing "snake" while on a hike is likely to evoke very different reactions than hearing it in a biology

lecture or in a restaurant. The bidirectional nature of the relation between the word *snake* and snakes also accounts for the automatic changes (the transformation of functions) that would likely result in one's reactions to the word *snake* after having been bitten by one. It would also account for the differences in one's reactions to real snakes after being told that all snakes are dangerous. In addition, the bidirectional relation between verbal events and their referents renders virtually every human interaction with the environment at least partly verbal. Thus, simply being in contact with the environment evokes a continual stream of verbal acts that include describing, comparing, categorizing, and evaluating.

With respect to the verbal nature of the listener's behavior, the authors present a summary of a previously described (Hayes, Zettle, & Rosenfarb, 1989) classification of rule governance that essentially defines the listener's response to mands, tacts, and autoclitics. These are pliance, tracking, and augmentals, respectively. Pliance (from compliance) refers to rule following based on a history of socially mediated consequences. Fetching a drink in response to the command, "Bring me a drink," is an example of pliance. Tracking is rule-following behavior under the control of a historical correspondence between the rule and the natural contingencies or events they describe. Applying sunscreen on a sunny day in response to a physician's warning about the harmful effects of ultraviolet rays is an example of tracking, if the sunscreen is applied to avoid cancer rather than to win the physician's approval. Augmentals are rules that either establish or enhance the effects of an event as a functional consequence, and behavior under the control of augmentals is called augmenting. An example of augmenting is shopping for a BMW in response to an advertisement depicting BMW drivers as sexually attractive and successful. Buying one in response to a favorable technical review of its performance and reliability, on the other hand, would be an example of tracking.

The relevance of this taxonomy of rule-governed behavior is that each of these types of rule governance has clinical implications. Overly pliant clients are those whose behavior is aimed primarily at obtaining social approval or attention at the expense of other valued outcomes. Problems with tracking can arise when tracks are inaccurate, untestable, or self-fulfilling. An example would be tracking the rule "I am unlovable." It almost certainly will lead to behaviors that are self-fulfilling and prevent the accuracy of the statement from being directly tested. Of course, this is the heart of cognitive therapy, which attempts to replace erroneous or bad tracks with good ones. Here is where ACT takes a different and rather unique turn with respect to its therapeutic goals. Rather than have clients substitute good tracks for bad, it attempts to undermine and weaken the reliance on tracking per se. That is, instead of substituting the untestable and self-defeating track "I am unlovable" with some other track, ACT attempts to get clients to see the track as simply an instance of verbal behavior that has to be neither obeyed nor believed.

Problems with augmenting are actually linked to problems with tracking. Specifically, tracks that specify the processes necessary to achieve certain valued outcomes can often serve to establish the processes themselves as valued outcomes. Now things begin to get a bit complicated. Consider the following rule (track): "In order for me to give a good paper at the convention, I must control my anxiety about giving the paper." In this case, giving a good paper is already established as a valued outcome. The track, however, also establishes the process of eliminating anxiety as a valued outcome. Thus, it becomes important to eliminate anxiety. ACT would argue that not only is the track inaccurate, that

is, one can, in fact, give a good paper and be anxious, but because the rule is verbal (more below), the very attempt to act on it is likely to make the anxiety worse. It is analogous to the statement, "I will not think of white bears." Try it and see how well it works.

The chapter concludes with a list of generalizations about verbal processes the appreciation (acceptance) of which is critical to the cogency and clarity of the remainder of the book. Among these are (a) verbal dominance: For humans, verbal relations are primitive, fundamental, and dominant. Because of the bidirectionality inherent in verbal relations, for humans virtually all interactions with the environment become verbal in the sense that we continually name, categorize, and evaluate our experiences and ourselves. (b) Principle of bidirectionality: Another result of the bidirectionality of verbal relations is that self-awareness almost inevitably leads to self-criticism, and the very act of reporting aversive events or evaluations can itself become aversive and lead to avoidance. (c) Context of literality and cognitive fusion: In some contexts, the bidirectional nature of verbal relations is such that verbal stimuli and their referents fuse together or become functionally inseparable. These contexts are called contexts of literality, and the effect is called cognitive fusion. (d) Context of reason giving: Verbal communities typically demand reasons for our actions and thereby create contexts in which simply being able to make sense of our actions is reinforcing. Thus, humans continually engage in a process of constructing reasons for their behavior, and these reasons tend to be the private experiences that are produced by certain situations or accompany certain behaviors. A common example is "I can't do it because I'm too anxious." Rather than altering the content of verbal relations, ACT seeks to create contexts that do not support sense making, reason giving, or literality, thereby loosening cognitive fusion and the relation between private events and overt actions. (e) Rules are useful but also dangerous: Humans can verbally construct "realities," including futures that can control behavior in productive ways, but they may be so distorted as to have little resemblance to reality and render us insensitive to actual contingencies of reinforcement. ACT attempts to reduce excessive pliance, enhance augmentals linked to valued outcomes, and bring tracking under better control.

In chapter 3, the authors lay out the ACT model of human suffering and psychopathology. The key principle underlying this model is that human suffering results when thoughts or other private events are seen as causes of behavior, and individuals try to change or avoid their thoughts and feelings in order to change their behavior. Of course, this is the view that virtually every client brings to therapy and, according to the authors, can be described as a five-part logical syllogism that results from a context of reason giving and a social verbal community that accepts private events as reasons for behavior. The syllogism is as follows: Problems are caused, reasons are causes, thoughts and feelings are good reasons, thoughts and feelings are causes, therefore, to control the outcome we must control thoughts and feelings.

In line with the logical conclusion derived from the first four elements of the syllogism, humans spend a good deal of time trying to control their thoughts and feelings. The sad irony, however, is that because of the bidirectionality of verbal relations, attempts to verbally control private events often make them more likely to occur. The very act of verbalizing an unwanted private event evokes it. Again, it is like trying not to think of white bears. The authors describe the situations in this way: "If you aren't willing to have it, you've got it" (p. 121).

The assumption that thoughts and feelings are causes leads to the seemingly logical

tendency to avoid or control bad thoughts and feelings. The book defines this as experiential avoidance, which is stated to be pervasive among humans. Unlike nonverbal organisms, for humans the emotions produced by aversive events can themselves become aversive. In a culture that labels certain emotions as bad and actively discourages their expression, these emotions get categorized as something to be avoided and, thus, acquire the ability to function as negative reinforcement. Moreover, because of the bidirectionality of verbal relations, the aversive quality of painful or traumatic events transfers to their verbal descriptions. This is why it can be painful to remember or report hurtful experiences. As described earlier, verbal attempts to suppress or control these private events often makes them worse and can lead to a sense of being overwhelmed or engulfed by the experience of them. Thus, experiential avoidance can be seen as an instance of rule governance in which, paradoxically, the rule produces the opposite effects of the desired outcome.

Given the primary role of experiential avoidance in the ACT view of human suffering, it follows that a key element of ACT would be experiential acceptance or willingness. According to the book, "acceptance involves an abandonment of dysfunctional change agendas and an active process of feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories, and so on" (p. 78). The primary objective is not to change the content of private events but to help clients see them as what they are, acts of an organism that do not have to be controlled, avoided, or modified in order to lead to a rich, full, and gratifying life. But emotional acceptance is not an end in itself. It has meaning only in relation to "committed action" in the real world. Thus, acceptance and commitment go hand in hand. Indeed, the authors summarize the goals of ACT as "accept, choose and take action" (p. 81).

Chapters 4 through 9 provide relatively detailed information about how ACT is actually conducted in clinical settings. These chapters correspond roughly to the stages of ACT, but all are focused on helping clients shift from the content to the context of psychological experiences in an attempt to help clients pursue valued goals. ACT is characterized by a heavy reliance on metaphors, paradox, and experiential exercises, and these are included in each of the clinical methods chapters. Metaphors are used extensively because they are thought to minimize pliance, are less analytic and linear than instructions or descriptions, are more experiential in nature, are more easily remembered, and are more likely to generalize to novel contexts. Paradox is an important component of ACT because it is believed that it helps to break down the literality of language, loosens the cognitive fusion in verbal relations, and weakens rule governance when it is not useful. Finally, experiential exercises are used in an attempt to get clients to contact avoided thoughts, feelings, and physical sensations and to experience directly the hidden effects of verbal processes, such as cognitive fusion and the transformation of functions.

Chapter 4 ("Creative Hopelessness: Challenging the Normal Change Agenda") discusses interventions that are intended to undermine clients' allegiance to their "unworkable change agendas" and instill a state of "creative hopelessness." Rather than relying on instructions or persuasion, clients are encouraged to rely on their actual experiences to assess directly the "unworkability" of their change agendas and ultimately abandon them. Chapter 5 ("Control is the Problem, not the Solution") is focused on strategies that are intended to help clients see that their unworkable change agendas are based on emotional control and avoidance strategies. Metaphors and exercises are used to in-

troduce willingness (to experience) as an alternative to control. In chapter 6 ("Building Acceptance by Diffusing Language"), strategies are presented to help clients identify and loosen cognitive fusion, understand how language processes interfere with their ability to experience directly, and to remove the barriers to willingness. Chapter 7 ("Discovering Self, Defusing Self") presents strategies to help clients experience a sense of self that is different from their beliefs or statements about the self. Rather than a thing that is characterized by all of the verbal labels that have been applied to it, the self is seen as a perspective or a context within which certain verbal events occur. Through metaphors and exercises, clients are helped to understand self as context rather than self as content. Chapter 8 ("Valuing") presents ways to help clients identify their values, goals, and objectives in life as well as ways that these may be pursued and achieved. The chapter contains an interesting discussion of the differences between values and judgments, the relation between values and choices, and how choices can and should be made in the absence of reasons. The chapter also describes how values and commitments provide coherence and purpose for acceptance. Finally, chapter 9 ("Willingness and Commitment; Putting ACT into Action") discusses ways to support clients in pursuit of their valued life directions and how to view the attendant thoughts, feelings, and memories as expected components of a rich life rather than obstacles to be overcome. Once a course of committed action is identified, any number of behavior therapy techniques may be used to help clients attain their objectives. These techniques, however, are used within an ACT framework, meaning that they are not used as ways of avoiding or altering the content of private events.

In chapter 10 (the first chapter of Part 3), the authors address the important issue of the therapeutic relationship. The issue is important because there is a considerable body of research that suggests that the therapeutic relationship itself accounts for as much gain in therapy as any specific therapeutic approach or intervention (see B. S. Kohlenberg, 2000, for a review of this literature and a discussion of the therapeutic relationship from a behavior-analytic perspective). The authors' appreciation for the importance of the therapeutic relationship is revealed in the statement, "For these [ACT] interventions to function the way they are meant to function, the therapist must be willing to enter into a relationship with the client that is open, accepting, coherent, and consistent with ACT principles" (p. 268). What is unique about their approach to the therapeutic relationship, however, is that more is required of ACT therapists than the development of the usual therapeutic alliance. For ACT to be effective, they say, therapists must relate to their clients in ways that are consistent with ACT. That is, the relationship should model the purpose and nature of ACT. In short, it should be strong, open, accepting, mutual, and respectful. A number of specific ways of facilitating as well as interfering with a helpful therapeutic relationship are discussed.

The final chapter, ACT in context, begins with a Zen saying that elegantly exemplifies the essential paradox of ACT: "Wanting to understand language is like a person made of salt wanting to explore the undersea depths" (p. 281). That this saying comes at the end of a book in which language is used (a) to lay out a theory of language, (b) to present a view of psychopathology that is essentially language based, and (c) to describe an entire approach to therapy, the point of which is to undermine language, is simply exquisite. It elegantly and effectively reminds the reader that the very nature of ACT requires that its concepts and techniques be held lightly, and that the ultimate objective is to be aware of the allure and dangers of

the language trap. As the authors say, "don't *believe* a word in this book" (p. 281), for to believe it, that is to hold it as if it were true, would itself be an un-ACT act. The book ends with an important question: How do we establish cultural practices that can prevent or ameliorate the destructive effects of the language game? Good question.

Other Questions

In presenting the theoretical rationale and detailed methods of a new and comprehensive approach to therapy, the authors have taken on an enormous task. They have tackled some very complex and difficult issues, and virtually every chapter of this book is filled with new, interesting, complex, and provocative ideas. Given the nature of this task and the fact that ACT is still relatively new on the therapy scene, it is inevitable that some of the book's many assumptions, descriptions, explanations, assertions, conclusions, and prescriptions are less fully developed and empirically supported than some might like. This is especially true in chapter 10, in which the authors make several assertions about the effects of certain therapist behaviors or attitudes on the therapeutic relationship and ultimately on therapy outcome. Ironically, many of these assertions seem to be based on logic rather than empirical data. Each chapter suggests a career's worth of research questions, and there are a number of places where the reader will want more information or a more complete discussion of the implications of the material. More than most books, one reads this one wishing the authors were available on-line to field questions or to elaborate on points made in the book.

For example, if, as the authors cogently contend, language really is at the core of psychopathology and human suffering, why isn't the entire population of verbally competent humans afflicted with some disorder? There are individuals who have not undergone ACT or any other kind of therapy and at least appear to be living happy, productive lives. Have these folks escaped the language trap? Are there factors at the biological, cultural, familial, or individual level that mediate against the development of clinical disorders, and do these factors work by undermining the language trap? As an example, there is a growing literature concerned with psychological health or well-being (e.g., Myers & Diener, 1995) that suggests that happiness is directly related to involvement in valued activity and progress toward one's goals, a finding that validates many of ACT's basic interventions and objectives. But, presumably, these happy people are verbally competent, so this general finding raises questions about the primacy of language processes in the development of distress and psychopathology. At least three possibilities exist.

First, involvement in goal-directed activities might mediate the effects of language. The reinforcement inherent in engaging in valued activities may serve to override the pernicious effects of language or prevent their occurrence. In addition to maintaining involvement in valued activities, the attendant reinforcement may serve an establishing function that could lead to positive evaluations of one's life and, perhaps more important, one's self. Conversely, a lack of involvement in valued activities (extinction) or involvement in aversive activities might engender negative evaluations and corresponding negative emotional reactions (see Dougher & Hackbert, 2000, for a discussion of the "cognitive" effects of establishing and abolishing operations).

Second, when verbal processes do produce distress, it interferes with involvement in meaningful goal-directed activities. In addition to the emotional effects of negative self-evaluations, they may serve to depotentiate the reinforcing effects of what might otherwise be reinforcing activities. It is common,

for example to hear individuals who are feeling depressed report that they just don't feel like doing much of anything, even activities that they have previously enjoyed. Of course, this raises the question of why language processes have different effects on different people in the first place, but it is certainly possible that there is a reciprocal relation between language processes and involvement in reinforcing activities.

Third, some other variable or set of variables determines both the effects of language processes and the involvement in goal-directed activities. The set of potential variables here is quite large and may include factors at a number of different analytical levels. The book does not address the issue of what other variables might be involved in the development of human suffering or how these might interact with verbal processes, but the question seems to be an important one and could generate a substantial amount of interesting research.

The authors describe experiential avoidance as being pervasive among humans. Yet many individuals who suffer trauma or even everyday negative experiences often focus on those events rather than avoid them. Otherwise well-functioning individuals, for example, may ruminate for hours or days after learning that they were not selected for a job, failed a test, or were turned down for promotion. This rumination can be painful, but it does not always lead to attempts to suppress it or avoid it. Individuals labeled as depressives are characterized as being consumed by their negative experiences. They also selectively attend to negative memories and interpret everyday events in the worst possible light. This may be related to what the authors describe as an unworkable change agenda that assumes that the causes of problems must be identified so that they can be eliminated. Still, if the rehearsing of negative events is so inherently painful, why does it occur with such a high frequency in certain populations or in certain situations? In addition, the authors report (p. 61) that individuals who adopt problem-focused as opposed to emotion-focused or avoidance-oriented coping strategies are more effective in dealing with stressful situations. Yet, problem-focused coping styles typically involve some rehearsal of the stressful or aversive situation. Given that there are situations in which verbalizing painful experiences does occur and may even be helpful, it seems important to try to identify the variables that lead to experiential focus rather than experiential avoidance. The role that verbal processes can play in the development and maintenance of experiential avoidance is clear, but the question is when does it go awry? Are individual histories relevant here? Are there contexts in which the aversiveness of verbalizing painful events is outweighed by its links to eventual reinforcers?

One question that many therapists may have about ACT concerns the role of assessment. The book makes no mention of assessment, and it could be assumed that formal assessment procedures (including tests, inventories, etc.) would be of little or no value to ACT therapists. But the book also suggests that ACT should be tailored to the needs of individual clients and the severity of their dysfunction. Although there are many problems with formal assessment procedures, it is possible that certain kinds of assessment data would be useful in a number of ways, including (a) determining whether there are types of clients who are more or less responsive to ACT, (b) determining whether ACT is successful with clients who do not respond well to other treatment approaches, and (c) efficiently tailoring the various phases of ACT to clients with specific disorders. As an example, I recently supervised a graduate student who used ACT with a client who had previously been diagnosed as having a schizoid personality disorder (he derived no pleasure from interact-

ing with others and actively avoided interpersonal situations). He came to treatment after 2 years of cognitive behavior therapy that was aimed first at reducing his social anxiety and then at increasing the reinforcing effects of social interactions. He found the therapy to be unsuccessful and wanted a different course of treatment. During an initial assessment, it became clear that the client's distress was not produced by social interactions per se. Rather, it was due to his belief that his lack of interest in social interactions was an indication of a "mental disorder." Given his diagnosis and treatment history, we designed an ACT-based treatment that emphasized acceptance of his schizoid tendencies while he pursued career and recreational objectives that he truly enjoyed. Although he was initially reluctant to give up on attempts to make social interactions reinforcing, in the end he considered the therapy successful. Identifying relevant assessment dimensions and procedures that may facilitate or enhance the effectiveness of ACT may turn out to be a fruitful line of research.

Apart from more traditional assessment procedures, the book does not specifically discuss if, when, or how a client history should be obtained or how that information might be used in the course of treatment. The book does state that helping clients understand their past is not, in itself, an ACT objective and actually poses the risk of interfering with clients abandoning their problematic change agendas. In particular, clients frequently come to therapy with the assumption that they have to understand their pasts and somehow be freed of them before they can make any meaningful changes in their lives. Although it certainly is possible to make significant changes in life without exploring the details and nuances of one's history, it is also possible that an understanding of the historical factors that have shaped clients' current repertoires could actually facilitate acceptance. Knowing, for example, that a client's tendency to engage in experiential avoidance is the reasonable and natural result of his or her personal history rather than some inherent character flaw or personal weakness might, in fact, make it easier for that client to accept his or her personal experiences. Of course, this is an empirical question, but it seems possible at least that the client's individual history could be used to facilitate acceptance while avoiding the pitfalls of inadvertently supporting the belief that there is something in his or her history that must be overcome before the client can move on with his or her life.

There is another potential value to providing clients with an opportunity to report their histories, particularly previous traumatic or painful experiences. Because of the bidirectionality of language, reporting painful events brings them into the present where they can symbolically occur in a safe, nonpunitive context. This process is tantamount to a verbal extinction procedure, which may not only reduce the aversiveness of recalling the experience but may also serve establishing and abolishing functions. Among their behavioral functions, painful events can serve to potentiate and depotentiate relevant contingencies. Having been the victim of sexual assault, for example, can depotentiate the reinforcing effects of sexual contact. The duration of these establishing and abolishing effects can vary, and may depend to some extent on whether individuals accept or avoid the emotional reactions that painful events often produce. The unwillingness to grieve the death of a loved one, for example, can have long-term detrimental effects in a number of behavioral domains. In addition, there is good evidence to suggest that simply talking or writing about painful or traumatic experiences (e.g., physical assault, divorce, death of a spouse, loss of a job) can reduce their long-term impact (e.g., Pennebakker, 1997). It is possible that verbalizing previous

painful experiences may serve to alter their establishing and abolishing functions and potentiate the reinforcement associated with valued life activities. It is also possible that it could alter the content of the client's verbalizations and thereby reduce experiential avoidance. It is acknowledged that the focus of ACT is on altering the context rather than the content of verbal events, and that it makes no direct attempt to reduce the intensity of aversive private experiences. Nevertheless, the authors do state that any behavior therapy techniques that facilitate adherence to committed actions could be incorporated into ACT. For that reason, the relative contribution of explicitly incorporating the exploration of clients' histories into ACT stands as an interesting research question.

As stated earlier, ACT makes extensive use of metaphors, paradox, and experiential exercises assuming, among other things, that these are better ways of attacking the context of literality, loosening cognitive fusion, and reducing pliance than explanations or instructions are. The idea here is that it is hard to use language to undermine the effects of language. Although this is certainly a logical and reasonable assumption, it is, again, an empirical question. It remains to be seen whether the various metaphors, paradoxes, and exercises included in the book actually enhance ACT or if similar results would be obtained if the principles and objectives of ACT were presented in more conventional ways. More generally, there are a number of components to ACT, and it will be necessary to assess their relative and combined contributions to its therapeutic effectiveness.

A final issue concerns treatment outcome and the measures that might be used to assess ACT's effectiveness. The book has relatively little to say about this issue, and there are passages that lead one to wonder what evidence would indicate whether ACT was a success or failure. In their discussion of values (chap. 10), the authors caution therapists against imposing their own values on clients. In that regard, they state, "in working with alcoholics, there is no assumption that being intoxicated on a daily basis is incompatible with living life in a direction valued by the client" (p. 230). Later (p. 260), they caution therapists about adopting the view that a client's behavior change is a requirement for therapy to be considered a success. In discussing the therapeutic relationship, they state "ACT with an agoraphobic client involves no a priori assumption that the client must start getting out of the house" (p. 274). The authors' point is that it is a mistake for therapists to impose their own values on clients, and that therapy may be considered a success if clients do no more than become more open to experience and act in accord with their choices, whatever they may be. It does raise the question, however, about how one assesses ACT's effectiveness. If an agoraphobic client fails to leave the house after a course of ACT, but feels more comfortable with herself and struggles less with her anxiety, is this considered a treatment success or failure? Phobic clients who undergo a course of psychoanalysis generally do not emerge less phobic, although they often have a better understanding of the ostensible origins and meaning of their symptoms and are, therefore, considered treatment successes. It is hard to imagine that this would qualify as a success in ACT terms, but it would be helpful to know specifically how to define and measure success and failure from an ACT perspective.

ACT is a relatively new approach to therapy, and although there are some encouraging data in support of its effectiveness, as the authors note, it has not yet been shown to be an empirically validated treatment. Questions remain as to whether ACT produces clinical effects that go beyond those attributed to nonspecific therapy factors, whether ACT compares favorably to other thera-

peutic modalities, whether the ostensible operative elements of ACT are, in fact, responsible for observed therapeutic gains, and the range of clients and clinical disorders with which ACT can be effective. But this simply constitutes a long-term research agenda for a refreshingly new, innovative, and comprehensive approach to therapy. Like R. J. Kohlenberg and Tsai's (1991) functional analytic psychotherapy, ACT brings a behavior-analytic framework to bear on the complexities of verbally based therapies with verbally competent humans. The foundation for a well-articulated clinical behavior analysis has been laid. It is time now to build on that foundation.

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